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医电子体性医腺病疗法检查检查检验检验 小河北京社会公司的现在分词

Under the Paperwo	rk Reduction Ac	a of 1995	, no persons are r	occired to men	-44	U.S. Patent and	Approved Trademark O	for use the	DEPARTMENT	70/SB/06 (08-0 CMB 0651-000
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unit PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Appe	AC 1758	B control eumbe
				. 10-0/3			· ·	┸	100	109
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL	ENTITY	OR	. OTH	ER THAN
FÖR	NUM	NUMBER FILED NUMBER EXTRA		48ER EXTRA	7		7	7	Smod	T ENMIA
BASIG FEE D7 CFR 1,16(a))					7	RATE	FEE	-	RATE	FEE
TOTAL CLAIMS (P7 CFR.1.16(c))		Onlean	m - [.		┨		13-	OR		<u> </u>
INDEPENDENT CLAIM (37 CFR 1.16(b))	is /	V			-{	X 8	 	OR	X 5 =	
) minus	3		4	X3	<u> </u>	OR	x s	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(d))						+8		OR	+5	
" if the difference in column 1 is less than zero, enter "O" in column 2.					_	TOTAL		1		
l i CL		.01.2	<u> </u>	OR	TOTAL					
2/2/10			D - PART II							•
(Column 1) (Column 2) (Column 3)						SMALL	ENTITY	OR		R THAN
≦	CLAMS. REMAINING	1	HIGHEST . NUMBER	PRÉSENT]			1 ·	}	ENTITY
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Fotal profit 1.14(4)	<i> </i> -	Nine) -	ľ	06	FEE		<u></u>	FEE
Total Folial From 1.16(a) Independent From 1.16(b)		Minus	1-47		1	**25		OR	×450	<u> </u>
EDOT DOCUMENT					1	**100		OR	× 200	
FRST PRESENTATION OF MAITIPLE DEPENDENT CLAIM (37 CFR 1.19(4))						+1/XC		OR	+,360	
						TOTAL ADD'L FEE		OR ·	TOTAL	
·				O.	ADO'L FEE					
	CLAIMS REMAINING		(Column 2) HIGHEST NUMBER	(Column 3) PRESENT	1					
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Total carcer tries		Minus	**	-	lŀ		_ FEE			TIONAL FEE
Independent •		Minu	-		ļ	143		OR	** 50	
						± 1001	<u>.</u>	OR	x = 100	•. •
FRST PRESENTATION OF MULTIPLE DEPENDENT CLAM (D7 CFR 1.19(40) +1800 OR +2000										
						TOTAL ADDL FEE			TOTAL	
	(Column 1)		(Column 2)		٠	MOLITEE [OR .	ADD'T FEE	
	CLAIMS REMAINING		HIGHEST	(Column 3)	Г	- 1		٠ .		
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Independent 4		Mirus	•		L	25		OR	50.T	
Total Property of the property of the pendent of th					.1			OR	ראמויי	
THE SENTATION OF MATTPLE DEPONDENT CLAIM D7 OFR LISHIN										
TOTAL OR + SOUL										
" If the entry in column " If the "Highest Nam	n 1 is loss than	the antry	in column 2, write	.V. in column 1		NOON FEEE [OR	ADDI FEE	
If the "Highest Hum " If the "Highest Hum	um rreviously (ber Previously (raid For	IN THIS SPACE I	less than 20,	rtler	20.			10	

The Highest Number Previously Past For "(I that or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, on the amount of time pure require to complete application forms to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this borden, should be sent to the Chief Information Officer, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patenta, P.O. Box 1450, Alexandria, VA 22313-1450.